

219799

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

(FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-451-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: TRANSPORT CARE SERVICES LLC

Telephone: 803-429-4549

Address: 1013 Broad River Road

Fax: 803-788-7444

Suite 11

Other:

Columbia S.C. 29210

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: <i>DS</i> |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)
(Office # 803-896-5100) (Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE 10-8, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

TRANSPORT CARE SERVICES, LLC

2. (a) Street Address of Applicant 1013 BROAD RIVER ROAD SUITE 11

COLA S.C. 29210

- (b) Mailing address, if different from street address SAME

- (c) Telephone Number 803-429-4549 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

NA

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application Is Filed:

Month: 10-8 Year: 2009

Assets:		
Cash	<u>22,000.00</u>	
Receivables	<u>NONE</u>	
Real Estate	<u>LEASE</u>	
Buildings and Equipment-Net		
Motor Vehicles-Net	<u>15,000.00</u>	
Garage Equipment-Net	<u>NONE</u>	
Machinery and Tools-Net	<u>NONE</u>	
Supplies on Hand	<u>1500.00</u>	
Prepays and Other Assets	<u>START UP</u>	
Total Assets	<u>25,500.00</u>	
Liabilities and Equity:		
Accounts Payable	<u>NONE</u>	<u>START UP</u>
Notes Payable	<u>NONE</u>	
Mortgages Payable	<u>NONE</u>	
Equipment Obligations	<u>NONE</u>	
Accrued Salaries and Wages	<u>OWNER</u>	<u>OPERATOR</u>
Other Accrued Obligations	<u>NONE</u>	
Other Liabilities	<u>NONE</u>	
Total Liabilities	<u>NONE</u>	
Capital Stock	<u>NA</u>	
Retained Earnings	<u>NA</u>	
Total Equity	<u>30,000.00</u>	
Total Liabilities and Equity	<u>NA</u>	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF RECHLAND

I, Christopher Land (Name of Applicant's Representative) OWNER (Title)

of TRANSPORT CARE SERVICES LLC, the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At 1213 Broad Lake Road S.C. 29210This the 24 day of September 2009Carmen A. Brooke

(Notary Public)

Christopher Land
(Signature of Applicant's Representative)Commission Expires: March 20, 2011

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant TRANSPORT CARE SERVICES, INC. Christopher Ford

For the transportation of passengers as follows:

Area to be served: Richland, Lexington, ORANGEBURGNumber of passengers: 2 PASSENGERS PER VEHICLEFares: \$ 35.00 PER TRIPDate 11-8-09Christopher Ford
ByAdrian
Title

Rev. 8/00

INSURANCE QUOTE

The following insurance quote is for:

TRANSPORT CARE SERVICES
(Name of Motor Carrier)

1013 Broad River Rd, Columbia, SC 29210
(Address of Motor Carrier)

*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
- b. Medical Payments/Each Person \$1,000

Amount of Premium:

Liability Insurance

\$ 7,705.

The above quoted premiums are for a term of 12 months.

Columbia Ins. Co
(Insurance Company Name)

P.O. Box 1056609 Atlanta Ga 30308
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

9-11-09

Date

Brooks Z. Bennett
(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: TRANSPORT CAFE SERVICES, LLC
Address: 1013 Broad River Road COLA S.C. 29210
Telephone No. 803-429-4549 Fax No. 803-778-7444
U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No X
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

[Signature]
(Applicant's Signature)

Sworn to before me

At 1013 Broad River Rd COLA S.C. 29210

This 24 day of September 09
Carmen A. Brock
(Notary Public)

Commission Expires: March 26, 2017

APPLICANT'S OATH

I, Chet Paul, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Chet Paul
(Applicant's Signature)

Sworn to before me

At 1013 Blind Lake Road, Col A SC 29210

This 24 day of September, 2009

Carmen A Brock

(Notary Public)

Commission Expires: March 26, 2017



STATE OF SOUTH CAROLINA
SECRETARY OF STATE

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

AMENDED ARTICLES OF ORGANIZATION

Limited Liability Company - Domestic

Filing Fee - \$110.00

SEP 29 2009

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to S.C. Code of Laws §33-44-204(a), the undersigned limited liability company adopts the following Amended Articles of Organization:

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

1. The name of the limited liability company is Carolina Wheelchair Shuttle, LLC
2. The date the articles of organization were filed is 08/07/2009
3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Change the name to: Transport Care Services, LLC

Christopher P. Land
Signature (Please see the Filing Checklist below)

Christopher P. Land

Print or Type Name

Capacity/Position of Person Signing (You must check one box.)

Date September 23, 2009

- ☐ Manager ☒ Member ☐ Organizer
☐ Fiduciary ☐ Attorney-in-Fact

Filing Checklist

- Amended Articles of Organization (filed in duplicate)
- \$110.00 made payable to the Secretary of State's Office
- Self-Addressed, Stamped Return Envelope
- Make sure the proper individual has signed the form (Please see S.C. Code of Laws §33-44-205(a))
- Limited Liability Company forms filed with the Secretary of State must be signed in the name of the company by a:
 - (1) manager of a manager-managed company
 - (2) member of a member-managed company
 - (3) person organizing the company, if the company has not been formed or
 - (4) fiduciary, if the company is in the hands of a receiver, trustee or other court-appointed fiduciary
- Return all documents to:

South Carolina Secretary of State's Office
Attn: Corporate Filings
P.O. Box 11350
Columbia, SC 29211

LLC - Domestic - Amended Articles of Organization

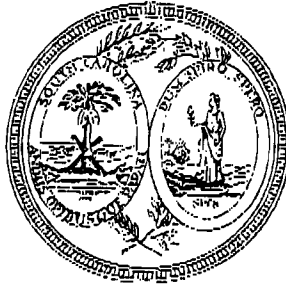
090930-0212 FILED: 09/29/2009
TRANSPORT CARE SERVICES, LLC
Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CAROLINA WHEELCHAIR SHUTTLE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 7th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
7th day of August, 2009.

A handwritten signature in cursive script that reads 'Mark Hammond'.

Mark Hammond, Secretary of State